

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604675

Entity Name: ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.**Current Principal Place of Business:**25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806**Current Mailing Address:**25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806**FEI Number:** 59-1486941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLL, STEPHEN R
25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name ROSEN, JEFFREY P DR.
Address 25 WEST CRYSTAL LAKE STREET,
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title VP
Name SCHWARTZBERG, RANDY S DR.
Address 25 WEST CRYSTAL LAKE STREET,
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 1AT
Name MCBRIDE, G GRADY DR.
Address 25 WEST CRYSTAL LAKE STREET,
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 2AT
Name JONES, CRAIG P DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title T
Name LAWRENCE, HALPERIN S DR.
Address 25 WEST CRYSTAL LAKE STREET,
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 1AS
Name REUSS, BRYAN L DR.
Address 25 WEST CRYSTAL LAKE STREET,
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 2AS
Name BLICK, SAMUEL S DR.
Address 25 WEST CRYSTAL LAKE STREET,
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 3AS
Name CHRISTENSEN, ALAN W DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE S. HALPERIN**TREASURER****03/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title 3AT
Name WEBER, STEVEN E DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 4AT
Name WIERNIK, DANIEL L DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 5AT
Name FROHWEIN, DANIEL M DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 6AT
Name MCCLEARY, MICHAEL D DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 7AT
Name VANDYKE, TRAVIS DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 4AS
Name FUNK, JOSEPH D DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 5AS
Name BONENBERGER, ERIC G DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 6AS
Name TOPOLESKI, TAMARA A DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 7AS
Name BURKHART, BRADD G DR.
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806